

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s)	Debra Va	nderbeek, Robert Cl	egg, Periklis Karoutas, I	Leann Moccia
II. Name of lobbyist's partr	nership, firm o	r corporation, if any:		
Legislative S	Solutions, L.L.0	2.		
	rtnership, firm or			
P.O. Box	10724	Bedford	NH	03110
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
() 603-986-9145	()	e-mail dbeek@	aol.com
(Telephone)	`	(Fax)		
III. This statement covers: (reportable expense transact				nay file a separate report for
All reportable transaction	s occurring in t	he months prior to the	reporting date relative to	the following client:
Adv	antage Capital			
	Name of Client a	s it appears on the Lobbyi	ist Registration Form)	
<u>OR</u>				
 □ All reportable transactions unrelated to any particular cli 		t (including the lobbyis	t's family), or the lobbyin	ng firm listed below which are
•	126, 2017 indate of registrat		July 26, 2017 (ctivity from 4/1/17 to 6/30/1	
	ober 25, 2017	Ī	January 31, 2018 X activity from 10/1/17 to 12/3	
activity	from 7/1/17 to 9.	/30/17 α	activity from 10/1/17 to 12/3	21/17
V. There have been no fe If this box is checked, comple Concord, NH 03301.				
VI. Check if additional repo	orts are attach	ed:		
If you have received fees			Addendum A— Fees and I	Expenses
If you have paid an hono Expense Reimbursement				
If you, your firm, or your	family has mad	de political contribution	ns, you must file Addend	um C- Political Contributions
Sworn Statement/Affirmation I have read RSA 15, RSA 15 and complete to the best of many (Signature of lobbyist)	-В, RSA 14-С а	nd RSA 664 and hereb	January 15, 2018	reforegoing information is true RECEIVED JAN 1 7 2018
Debra J. Vanderbeek				- 0010
(Print Name of lobbyist)				JAN 17 2018
				NEW HAMPSHIRE DEPARTMENT OF STATE

L E A S E P R I

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Advantage Capital	Date January 15, 2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 12,000.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$36,320.82 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 48,320.82
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reported any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by hay be filed for the lobbyist(s)/firm aggregate total of all expenses pair penses; (b) the aggregate total of all e: meals purchased during a busines is than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for e of greater than \$25, purchase of r than \$25, but not greater than \$50 expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 12,000.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>12,000.00</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 36,320.82
f) Total of all expenses year to date	f) \$ 48,320.82
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my-knowledge and belief.	n that the foregoing information
Qh /m/h	January 15, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek (Brint Name of John vist)	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irmation	by	Lobbyist
Statem	ent of	Income	and Exp	ens	es for:

Name of Lobbying partnership, f	irm, or corporatio	n: Legislative Solutions		_
Name of Client (leave blank if St particular client):			orporation and not related to ar	ıу _
Date of Report (check one):				
April 26, 2017 □ July 26	, 2017 🗆 Oo	etober 25, 2017 □	January 31, 2018	
I have read RSA 15, RSA 15-B, the following Addendums submissions:			•	
Addendum A(s).				
Addendum B(s).				
Addendum C(s).				
I hereby swear or affirm that the complete to the best of my knowledge (Signature of lobbyist)			and each Addendum is true ary 15, 2018 (Date)	nd
	V		(2.33)	
Robert Clegg		_		
(Print Name of lobbyist)				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

	ffirmation by Lobby e and Expenses for:	vist		
Name of Lobbying par	tnership, firm, or corpo	ration: Legislative S	olutions	
Name of Client (leave particular client):	blank if Statement is fo	or the partnership, firm, or	corporation and not related to	o any ——
Date of Report (check	one):			
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 🕱	
			nd Expenses described above umber of Addendum forms l	
Addendum A(s	s).			
Addendum B(s	s).			
Addendum C(s	s).			
	m that the foregoing in my knowledge and bel		nt and each Addendum is true	e and
	1	Janua	ary 15, 2018	
(Signature of lobbyist)	٦		(Date)	
Periklis Karoutas				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	ïrmat	tion l	by L	obbyist
Statem	ent of	Income	and I	Expe	nses	for:

Name of Lobbying partnership, firm, or corporation	1: Legislative Solutions
Name of Client (leave blank if Statement is for the particular client):	partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ Oc	tober 25, 2017 □ January 31, 2018 💢
	atement of Income and Expenses described above, and atement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	ation on the Statement and each Addendum is true and January 15, 2018
(Signature of lobbyist)	(Date)
Leann Moccia (Print Name of lobbyist)	_